



Incident Report

Print Date/Time: 07/28/2016 08:32

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00014485

Incident Date/Time: 7/25/2016 2:29:25 PM
Location: SR 9 NE / MARKET PL
LAKE STEVENS WA 98258
Phone Number: (425) 308-5459
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WADE, CHARLES THOMAS	810 131ST ST Tulalip WA 982717018			Male	03/06/1959
1	Driver	WADE, CHARLES THOMAS	810 131ST ST Tulalip WA 982717018			Male	03/06/1959
2	Driver	NIELSEN, ROY TOFT	610 HAWTHORNE ST Everett WA 982011218			Male	04/28/1974

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

07/25/2016 : 14:31:53 SP0425 Narrative: CC, NOW, NON INJ, NON BLK, SEMI TRUCK VS WHI PU, LR425

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E567526**CASE # **2016-00014485**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **07** - **25** - **2016** TIME (2400) **1429** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
STATE ROUTE 9 BLOCK NO. ☒ **300**
MILE POSTDISTANCE **300** **00** MILES ☒ **N** ☒ **E** ☒ **W** OF (REFERENCE OR CROSS STREET) **MARKET PLACE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **NIELSEN** FIRST NAME **ROY** MIDDLE INITIAL **T**STREET NEW ADDRESS **610 HAWTHORNE ST**CITY **EVERETT** ST **WA** ZIP **982011218**CDL **A** RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # **NIELSRT265J8** STATE **WA** SEX **M** D.O.B. **04** - **28** - **1974**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **B36461P** STATE **WA** VIN# **5TBJN32181S199710**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **TOYT** MODEL **PU** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **GEICO 4411394119**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **WADE** FIRST NAME **CHARLES** MIDDLE INITIAL **T**STREET NEW ADDRESS **810 131ST ST NW**CITY **TULALIP** ST **WA** ZIP **982717018**CDL **A** RESTRICTIONS **B** ENDORSEMENTS **L, N, T**DRIVER'S LICENSE # **WADE*CT417DF** STATE **WA** SEX **M** D.O.B. **03** - **06** - **1959**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **4986ORP** STATE **WA** VIN# **1XKZDP9X4FJ452450**TRAILER PLATE # **3709YP** STATE **WA** TRAILER PLATE # **3707YP** STATE **WA**VEH. YEAR **2015** MAKE **KWDT** MODEL **TRACTO** STYLE **SE** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **REDMOND GENERAL MCP6014629**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **0130** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E567526**CASE # **2016-00014485**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicle 1 following vehicle 2 northbound on SR9 approaching Market Place in stop and go heavy traffic. Vehicle 2 slowed for traffic and vehicle 1 failed to stop. vehicle 1 rear ended trailer #2 of semi towing two trailers. There was little damage to vehicle 2. Vehicle 2 towing 2 trailers. Trailer 1 license 3709YP, trailer 2 bearing plate 3707YP. DOT number for semi is 80580 and ICC number is 116319.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-26-16 06:52 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

7/28/2016 5:52:33 AM

BADGE OR ID #	0130	ORI #	WA0311900	TIME POLICE DISPATCHED	2:34 PM	TIME POLICE ARRIVED	3:05 PM
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E567526
CASE # 2016-00014485
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # 2 USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

 CARRIER NAME

 CARRIER ADDRESS

 CITY ST ZIP

 NAME SOURCE # AXLES **00** GVWR **0** PLACARD ☐ + NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

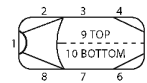
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA


UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

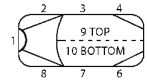
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD
07-26-16 06:52 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

 BADGE OR ID # **0130** ORI # **WA0311900** APPROVED BY **BROOKS** DATE **7/28/2016** PAGE **3** OF **4**

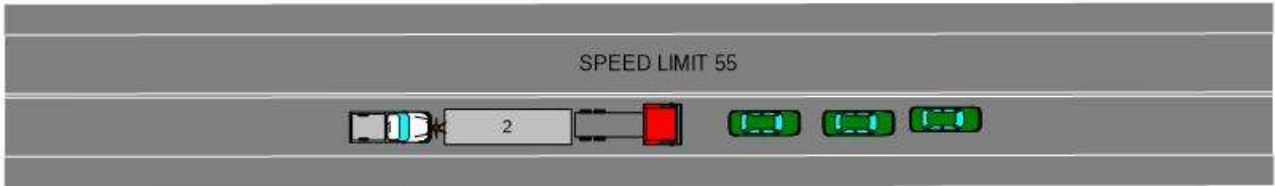
REPORT NO. E567526

CASE # 2016-00014485

DATE AND TIME
OF COLLISION 07/25/16 14:29



STATE ROUTE 9



NOT TO SCALE